DEPARTMENT OF PUBLIC MEALTH AND MELTARS 388 of the property Registration District No. 1003 Registrat's No. 12642 STATE FLE NUMBER Property No. 12642 STATE FLE NUMBER Property No. 12642 STATE FLE NUMBER OF THIS TOWN STORY NO. 1264 STATE FLE NUMBER STATE FLE NUMBER OF THIS TOWN STATE AND MELTARS 384 STATE MISSION IN SCUNITY St. Louis seminated before a control of the property of the state of the property of the local property of the state of the property of the local property of the state of the property of the state of the property of the local property of the state of the property of the s	$^{\circ}$ Missouri division of health – standard certificate of death $-62-048583$									
NS 300 OF REAL SCIENT OF BEATH A COUNTY	DEPA	RTME	47 0	FPUE			STATE FILE NU	MBER		
STATE Missouri b. COUNTY L. COUNTY B. COUN	DO NOT WRITE AMENDED			D	_	11LED JAN 1 0 1963				
December		1 1	1 1		1	, , <u>, , , , , , , , , , , , , , , , , </u>	01111TV			
Section Control Cont		묘	1 !		 _		St. Louis	<u> </u>		
Second Color Seco	.Rev. 4/39	Z I				OR OR OR OR				
ACCRESS ACCR	1, 1	¥	il			St. Louis Ser-Not	t Tractal - this transfers			
3. NAME OF BEFEASED FIRST MIGRIE LIST CONFIDENCE OF THE CONFIDENCE		JШ	H	il		HOSPITAL OR ADDRESS		1		
Company Comp	4000 23	18				Christian Hospital 8455 Glen	ECHO Drive	148 11 110 120		
Social Security No.	3]	- 3	(Type or print)	•			
Maile	4 12					JOSEPH HENRY MERRITT DEATH D	ecember 29, 196	32		
Male with the water of work done during tile, went if retired grocery To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done during tile, went if retired) To JUSIA OCCUPATION (give kind of work done with file tile) To JUSIA OCCUPATION (give kind of work done with file tile) To JUSIA OCCUPATION (give kind of work done with file tile) To JUSIA OCCUPATION (give kind of work done with file tile) To JUSIA OCCUPATION (give kind of work done with file tile) To JUSIA OCCUPATION (give kind of work done with file tile) To JUSIA OCCUPATION (give kind of work done with file tile) To JUSIA OCCUPATION (give kind of work done with file tile) To JUSIA OCCUPATION (give kind of work done with file tile) To JUSIA OCCUPATION (give kind of work done with file tile) To JUSIA OCCUPATION (give kind of work done with file tile tile) To JUSIA OCCUPATION (giv		-		1 1	5	C. COLOR OF RACE 7. Mainted A Marie Mainted D				
during meast of working life, even if retired) Crocery	5 /				-10	Male White	(COUNTRY) 12 CITIZEN OF)	AWAT COUNTRY		
13a. FATHER'S NAME 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14c. NAME of HUSSAND OR WIFE 15c. WAS DECASED EVER IN U.S. ARMED FORCES? 16c. SOCIAL SECURITY NO. 17c. INFORMANT Address	6	2			10	during most of working life, even if retired)				
10 OO	l 	δ			13			·		
13. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Lorene Merritt, 8455 Glen Scho Dr. 18. CAUSE OF DEATH (Enter only one cause per line) 11. DOOD 11. DEATH WAS CAUSE OF PART II. OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. 12. DAY OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. 13. DETAIL OF HOUR MORTH OF PART II. OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. 14. DAY OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. 15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Lorene Merritt, 8455 Glen Scho Dr. 18. CAUSE OF DEATH (Enter nature of Injury in PART II. INTERVAL BETWEEN (INSET AND DEATH OF THE PART II. OTHER AND DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of item 18.) 20. TIME OF HOUR MADE AND THE PART II. OF THE PART II.		<u> </u>			-		ene Merritt			
None Mrs. Lorene Merritt, 8455 Glen Echo Dr.			1 1			. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT				
10 10 10 10 10 10 10 10			11		(Y	es, no, or unknown) (If yes, give war or dates of servi No None Mrs. Lorene Merrit	t, 8455 Glen Ed	cho Dr.		
Which gave rise to above cause (a), staring the underlying cause last. NO STATE NO		<u>-</u>		þ	=	18. CAUSE OF DEATH (Enter only one cause per line	INI	ERVAL BETWEEN		
Which gave rise to above cause (a), staring the underlying cause last. NO STATE NO		ا بيا چ		WEI		$f \sim 10^{\circ}$	osis i			
Which gave rise to above cause (a), staring the underlying cause last. NO STATE NO	10		.	ΙŽ		1 1 00 11		*		
VOID PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal interest pregnancy in last 90 days. PART III. If deceased was female was	12677	쮼		ĕ	ı	Conditions, if any, DUE TO (b)				
STATE STAT										
STATE STAT	13	<u> </u>	+ + +			lying cause last. J DUE IO (c)				
NOT WHILE AT WORK Death occurred at Death occurr	ai	ס	11		NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				
NOT WHILE AT WORK Death occurred at Death occurr	77				CAT		☐ Yes ☐ N	lo Unknown		
NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, p.m. p.m. a.m. p.m. p.m. arm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (e.g., in or about home, p.m. p.m. arm, factory, street, office bldg., etc.) 21. I attended the decessed form 21. I attended the decessed form 22e. Date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE 22b. ADDRESS 22c. DATE SIGNED 22b. ADDRESS 22c. DATE SIGNED		¥			RTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of	of injury in PART I or PART II	of item 18.)		
The state of the s						YES NO IS				
The state of the s	Z	Š			Š					
21. I strended the decessed/pom. Death occurred at	¥ 8	`			MEC	p.m.	CAULITY			
21. I stiended the decessed/nom. Death occurred at						WHILE AT WORK [farm, factory, street, office bldg., etc.)	COUNIT .	SIAIE		
22a. SIGNATURE 22a. SIGNATURE Coo C	_	ا و				NOT WHILE AT WORK ()	- Neo Hit			
22a. SIGNATURE 22a. SIGNATURE Coo C	<u>₹</u> o≝	EA.				TCO D 17				
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Jan. 2.1963 Calvary Cemetery St. Louis, Missouri	▎▓▓▏					Death occurred atm on the date stated above, and to the best of	of my knowledge, from the ca	uses stated.		
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Jan. 2.1963 Calvary Cemetery St. Louis, Missouri	US	<u> </u>		ဗ		111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	l	22c. DATE SIGNED		
238. BURIAL, CREMATION, 236. DATE 236. NAME OF CEMETERY ON CREMATORY 236. LOCATION (City, fown, or county) (State) 238. BURIAL, CREMATION, 236. DATE 236. NAME OF CEMETERY ON CREMATORY 236. LOCATION (City, fown, or county) (State) 238. BURIAL, CREMATION, 236. DATE 236. NAME OF CEMETERY ON CREMATORY 236. LOCATION (City, fown, or county) (State) 238. BURIAL, CREMATION, 236. DATE 236. NAME OF CEMETERY ON CREMATORY 236. LOCATION (City, fown, or county) (State) 236. BURIAL, CREMATION, 236. DATE 236. NAME OF CEMETERY ON CREMATORY 236. LOCATION (City, fown, or county) (State) 237. LOCATION (City, fown, or county) (State) 238. BURIAL, CREMATION, 236. DATE 236. NAME OF CEMETERY ON CREMATORY 236. LOCATION (City, fown, or county) (State) 237. LOCATION (City, fown, or county) (State) 238. BURIAL, CREMATION, 236. DATE 236. NAME OF CEMETERY ON CREMATORY 236. LOCATION (City, fown, or county) (State) 237. LOCATION (City, fown, or county) (State) 238. LOCATION (City, fown, or county) (State) 238. LOCATION (City, fown, or county) (State) 239. LOCATION (City, fown, or county) (State) 249. LOCATION (City, fown, or county) (State) 249. LOCATION (City, fown, or county) (State) 250. LOCATION (City, fown, or county) (State) 260. REGISTRATE (State) (S		₽		Ĭ			1-7	13.51.01		
Burial Jan. 2,1963 Calvary Cometery St. Louis, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAP'S SIGNATURE.	ĺ	o i	- -	<u> </u> [ĕ	. 2 3	REMOVAL (Specify)				
CATVIN E PEUTZ 4828 Natural Bridge B1 DEC 31 1967 # ## ## ## ##	ŀ	Ž		P.F.		Burial Jan. 2,1963 Calvary Cemetery St. Lou		<u></u>		
		ITEA		BY /	_	LVIN F. FEUTZ, 4828 Natural Bridge Bl. DEC 31 1962	Gal Smith	M.D.		

Monday

STATEMENT BY LICENSED EMBALMER

l h	ereby certify that the body whose name is recor	ded on the reverse side of this certificate was embaimed by me,
or by		, Student Embalmer No
working u	nder my personal supervision.	
Student	Signature of Student Embalmer	Signed Robert E. Muklima
		1611

P. O. Address It Janis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. .

If this body is not embalmed, fact should be so stated above.